

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1	1				
3		1				
4		1				
5	1					
6	1					
7	1					
8	1					
9	1					
10		1				
11		1				
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42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54		1				
55	1					
56		1				
57		1				
58	1					
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97						
98						
99						
100						
TOTAL IND.	31					
TOTAL DEP.		29				
TOTAL CLAIMS	60					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS